## FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS APTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FLED DEP. DED. DEP. BED. DEP. OEP. OED. **6**D. DER 56\_ TOTAL BID. TOTAL DED. TOTAL DEP. YOTAL GLAINS TOTAL DEP. TOTAL MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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